

**. DISCLOSURE STATEMENT**Utah Department of Health/Bureau of LicensingBox 142003Salt Lake City, UT 84114-2003

I \_\_\_\_\_, hereby state that I have not been convicted or awaiting trial on charges for a felony, misdemeanor, or had a substantiated finding of abuse within the past twelve (12) months that would prohibit me from providing direct care to children pursuant to Title 26-39-107 and UCA R430-6. I hereby authorize the Utah Department of Health to conduct an annual background check to review any and all information which may be pertinent to my qualifications. I do hereby release all persons, organizations, or government agencies from any damages of, or resulting from, furnishing such information.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Child Care Provider Signature\_\_\_\_\_  
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Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Child Care Provider Signature\_\_\_\_\_  
Date